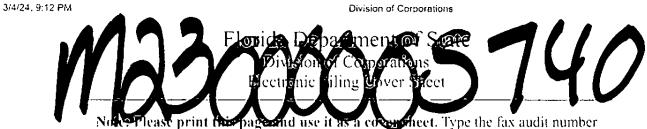
Division of Corporations



(shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : DORCEY LAW FIRM, PLC

Account Number : I20230000134 Phone : (239)418-0169 Fax Number : (239)418-0048

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN; ? MINERALS AND MORE, LLC

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Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

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COVER LETTER

	stration Section ion of Corporations			·	
SUBJECT:	MINERALS AND MORE.	LLC			
	Name of Foreign Limited Liability Company				
Dear Sir or M	ladam:				
The enclosed	application, certificate a	nd fee(s) are sub	omitted for filing	<u>.</u>	
Please return	all correspondence conc	erning this matte	er to the following	uß:	
Luca Di Nunzi	0 .				
-	Name of Perso	n			
Dorcey Law F	irm				
	Firm/Company	,			
10181 Six Mil	e Cypress Pkwy, Suite C				
	Address				
Fort Myers, FI	. 33966				
1.10.4.14	City/State and	Zip Code			
support@dlfre	gisteredagent.com				
E-mail add	lress: (to be used for futu	re annual report	notification)		
For further in	dormation concerning thi	is matter, please	call:		
Luca Di Nunzi	-	, 23 at (073	
	Name of Person		ea Code & Dayt	ime Telephone Number	
Regis Divis P.O.	ng Address: stration Section sion of Corporations Box 6327 hassee, FL 32314		Division The Co 2415 N	address: ration Section on of Corporations entre of Tallahassee J. Monroe Street, Suite 810 assee, FL 32303	
Enclo ■\$25 Filing CR2E055 (9/15)	Certificate of	e & □ \$5:	nt: 5 Filing Fee & rtified Copy	☐ \$60 Filing Fee. Certificate of Status & Certified Copy	

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT **BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

Name of limited liability Company as it appears on the records of the Florida Department of State: MINERALS AND MORE, LLC
Enter new principal office address, if applicable:
Principal office address MUST BE A STREET ADDRESS)
Inter new mailing address, if applicable:
Mailing address
MAY BE A POST OFFICE BOX
2. The Florida document number of this limited liability company is: M23000005740
3. Jurisdiction of its organization: Wyoming TH T
4. Date authorized to do business in Florida: 05/02/2023
SECTION II (5-9 complete only the applicable changes)
New name of the limited liability company:(must contain "Limited Liability Company, ""L.L.C.," or "L.L.C.,")
If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")
b. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:
Name of New Registered Agent:
New Registered Office Address: Enter Florida Street Address
Enter Publica Street Address
, Florida
New Registered Agent's Signature, if changing Registered Agent: Thereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with he provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this locument is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited lability company has been notified in writing of this change.

8. If the amendment changes person, title or capacity in accordance with 605,0902 (1)(e), indicate that change:						
"itle/ Capacity	Name	Address I	Type of Action			
MGR	Gregory S. Hamlin	PO Box 100400	= Add			
		Cape Coral, FL 33910	□Remov			
			□Remov			
			□Add			
			□Remov			
			□Add			
			□Remov			
			□Add			
aforemention	a certificate, if required: no more ned amendment(s), duly authentic under the law of which this entity	cated by the official having custody of records in the	⊏Remov			
	/s/ Stephen L. Hami					
	Signa	ature of the authorized representative				

Filing Fee: \$25.00